

PROPERTY LOSS OR DAMAGE CLAIM FORM EMD-086

Washington Military Department Emergency Management Division

INSTRUCTIONS:

1. This form is in two (2) parts: Part One is required general information and eligible property damage/loss reimbursable expenses. Part Two is to be completed by the local Director of Emergency management.
2. All responses must be in ink, and all requested items must be completed.
3. Claimant must be a registered Emergency Worker in accordance with Revised Code of Washington (RCW) 38.52, and Washington Administrative Code (WAC) 118-04, and must have been working under Emergency Management authority at the time of the loss or damage occurrence.
4. A state Mission/Incident number, Training Mission number, or Evidence Search Training Mission number must have been assigned.
5. Damage must not have been caused by normal wear and tear, mechanical or electrical breakdown, or include other damage, loss or inconvenience consequent to such damage. Loss or damage which could have been prevented through reasonable care, caution, or routine maintenance may not be covered, and the claim will be disallowed.
6. Receipts or other documentation for all claimed items must be included.
7. When completed, this form must be signed by claimant or claimant's representative.
8. Claimant's social security or tax ID number must be included with claim.
9. If claimant is unable to present and file the claim (due to incapacitation, etc.) or if claimant is a minor, or a nonresident of the state, the claim may be presented and filed on behalf of the claimant by claimant's legal representative, any relative, attorney, or agency representing the claimant.
10. If total claim exceeds \$2,000.00, before sending in the claim, a compensation board must be established in accordance with RCW 38.52.210. Contact the State Emergency Management Division for further information.

**Submit original claim and all supporting documentation to your local Director of
Emergency Management or Search and Rescue Coordinator (WAC 118-04-360).**

PART ONE:

TO BE COMPLETED BY EMERGENCY WORKER (CLAIMANT) OR REPRESENTATIVE

NAME OF CLAIMANT: _____
Last First M.I.

EMERGENCY WORKER
CARD NUMBER: _____

CLAIMANT'S
ADDRESS: _____
City State Zip

COUNTY WHERE
REGISTERED: _____

HOME PHONE: () _____

WORK PHONE: () _____

SOCIAL SECURITY/TAX ID NO. _____

COUNTY MISSION/INCIDENT TOOK PLACE: _____ MISSION OR INCIDENT # _____ DATE OF INCIDENT: _____

TOTAL AMOUNT CLAIMED: \$ _____

MODEL, STYLE, TYPE OR OTHER DESCRIPTION OF ITEM(S) LOST OR DAMAGED (The more detail, the better):

DATE OF PURCHASE OR ACQUISITION: _____ **ORIGINAL COST \$** _____

TOTAL CURRENT VALUE OF ITEMS CLAIMED OR EQUIVALENT REPLACEMENT ITEMS: \$ _____

NAME AND ADDRESS OF LEGAL OWNER: _____

FULL DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS OR DAMAGE AND DESCRIPTION OF THE ACTUAL LOSS OR DAMAGE:

(if more space is needed, please attach additional sheets)

WAS THE LOSS OR DAMAGE COVERED BY PRIVATE INSURANCE? [YES] [NO]

IF COVERED, NAME, ADDRESS AND POLICY NUMBER OF INSURANCE COMPANY:

WAS A PORTION OF THE LOSS OR DAMAGE DEDUCTIBLE FROM THE POLICY BENEFIT? [YES] [NO]

HAVE YOU MADE A CLAIM AGAINST THE INSURER? [YES] [NO]

HAVE YOU MADE A SETTLEMENT WITH INSURER? [YES] [NO]

IF SO, WHAT AMOUNT? \$ _____

EMERGENCY WORKER (CLAIMANT) OR LEGAL REPRESENTATIVE MUST SIGN THIS CLAIM FORM

I hereby certify or "declare" under penalty of perjury under the laws of the State of Washington that the foregoing is a true and correct claim for necessary expenses incurred by me or claimant and that no payment has been received by me or claimant on account thereof.

Signature of Emergency Worker (Claimant)

Date & Place (address, city & county)

If the claimant is incapacitated from verifying, presenting, and filing the claim or if the claimant is a minor, or is a nonresident of the state, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. All claims for damages against the state arising out of tortious conduct shall be presented to and filed with the Risk Management Office.

(NOTE: For general statutory provisions governing claims against the State of Washington, see Chapter 4.92.100 RCW. For specific information regarding Emergency Management Worker Claims, see RCW 38.52 and Chapter 8, Laws of 1971, 1st Extraordinary Session, Section 4).

PART TWO

TO BE COMPLETED BY THE EMERGENCY MANAGEMENT/SERVICES DIRECTOR OF THE JURISDICTION WHERE THE INCIDENT OCCURRED OR OF THE JURISDICTION WHERE THE CLAIMANT IS REGISTERED.

I have reviewed the information in Part One and it is true to the my best knowledge and belief.

Director's Signature

Date

Don't forget to check:

☐ Copy of DEM-078 with Emergency Worker name showing? ☐ Receipts as specified included? ☐ Form(s) properly filled out and signed?

MAIL ORIGINAL TO:

DIVISION OF RISK MANAGEMENT
DEPARTMENT OF GENERAL ADMINISTRATION
PO BOX 41027
OLYMPIA WA 98504-1027

MAIL COPY TO:

SAR COORDINATOR
EMERGENCY MANAGEMENT DIVISION
WASHINGTON MILITARY DEPARTMENT
CAMP MURRAY WA 98430-5122